



City of West Columbia
Bridging Past, Present and Future

Facade Improvement Grant Program

APPLICATION

RETURN COMPLETED APPLICATION TO:

Grants Administration
City of West Columbia
200 N. 12th Street
West Columbia, SC 29169

EMAIL: grants@westcolumbiasc.gov
PHONE: (803) 791-1880

APPLICANT INFORMATION:

Applicant(s) Name: _____

Applicant(s) Mailing Address: _____

Phone Number: _____ Email Address: _____

What is your legal interest in the property? ☐ Property Owner ☐ Tenant ☐ Other: _____

If applicant is not a legal property owner, please complete the following:

Property Owner(s) Name: _____

Property Owner(s) Mailing Address: _____

Phone Number: _____ Email Address: _____

PROPERTY INFORMATION:

Property Address: _____

Tax Parcel ID Number(s): _____

Property Zoning Classification: _____

Description of Property: _____

OCCUPANCY INFORMATION:

Please provide the following information for ALL current business occupants:

Business Name

Owner/Manager

Phone Number

_____	_____	_____
_____	_____	_____
_____	_____	_____

PROJECT DESCRIPTION: *(Please provide as much detail as possible.)*

Proposed Project:

<input type="checkbox"/> Exterior signs	<input type="checkbox"/> Façade improvements
<input type="checkbox"/> Awnings, canopies, sunshades etc	<input type="checkbox"/> Outdoor lighting
<input type="checkbox"/> Painting or exterior surface treatment	<input type="checkbox"/> Windows and Doors- Removal/Replacement
<input type="checkbox"/> Masonry/Carpentry Repairs	<input type="checkbox"/> Iron Bar Removal/Disposal
<input type="checkbox"/> Repair/Replace/Preserve Architectural features	<input type="checkbox"/> Entranceway Improvements (Building or Parking Lot)
<input type="checkbox"/> Restoration of historic features	<input type="checkbox"/> Storefront modification

1. Proposed façade improvements:

2. Anticipated start date: ____ / ____ / ____ Anticipated completion date: ____ / ____ / ____

3. Anticipated total cost of entire project (including all improvements): \$ _____

4. Anticipated total cost of façade improvements: \$ _____

5. Total façade grant amount you are requesting (maximum \$10,000): \$ _____

6. Additional comments: _____

ADDITIONAL REQUIREMENTS:

Please submit the following with completed application:

- 1) PHOTOGRAPHS OF EXISTING FACADE**
- 2) IF AVAILABLE PLANS AND/OR ELEVATIONS OF PROPOSED IMPROVEMENTS**
- 3) LIST OF MATERIALS TO BE USED, i.e., paint samples, material samples, lighting examples.**
- 4) DETAILED COST ESTIMATES/BIDS FOR PROPOSED IMPROVEMENTS**
- 5) IF APPLICANT IS NOT THE PROPERTY OWNER, INCLUDE THE PROPERTY OWNER CONSENT FORM**

I/We certify that all information provided in or attached to this application is true and correct. I/we authorize the City of West Columbia to make any inquiries necessary in order to verify the accuracy of same or to confirm that all invoices submitted hereunder have or will be paid. I/We agree to hold the City of West Columbia harmless for any charges, damages, claims or liens arising out of our participation in the Facade Improvement Program.

WITNESS

APPLICANT

Name/Title

Signature

WITNESS

APPLICANT

Name/Title

Signature



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PROPERTY OWNER CONSENT FORM

The undersigned owner of the existing building located at: _____
_____ (ADDRESS) certifies that
_____ (APPLICANT) operates or intends to operate a business at the
above location. The undersigned agrees to permit APPLICANT and his contractors or agents to implement
improvements listed on the City of West Columbia, Facade Improvement Program application
(APPLICATION) dated: _____.

The undersigned hereby waives any claim against the City of West Columbia (CITY) arising out of the use of
said program funds for the purposes set forth in the APPLICATION. The undersigned agrees to hold the CITY
harmless for any charges, damages, claims or liens arising out of the APPLICANT's participation in the Facade
Improvement Program.

WITNESS

OWNER

Name/Title

Signature

WITNESS

OWNER

Name/Title

Signature